

COVER PAGE

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Delgadillo	Therese	Marie	(916) 654-1897	
MAILING ADDRESS STREET (May use business address)	CITY	STATE	ZIP CODE	OPTIONAL FAX / E-MAIL ADDRESS
1600 9th Street,	Sacramento	CA	95814	916-654-2167

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Department of Developmental Services

Division, Board, District, if applicable:

Office of the Director

Your Position:

Director

If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: See attached

Position:

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2008,  
through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2008, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the  
attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes - schedule attached  
*Real Property*

Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*

Schedule D ☐ Yes - schedule attached  
*Income - Gifts*

Schedule E ☐ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-


☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

Date Signed March 17, 2009  
(month, day, year)

Signature   
(File the originally signed statement with your filing official.)

**Member**  
**State Independent Living Council**

**Member**  
**State Council on Developmental Disabilities**

**Member**  
**State Interagency Coordinating Council**

**Member**  
**California Governor's Committee on Employment of People with Disabilities**